DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Children and Family Services
CFS-2173 (06/2004)

CONCURRENT PLANNING REFERRAL

Use of form: County social worker uses this form to refer a child in county foster care / kinship care to the Department of Health and Family Services (DHFS) Special Needs Adoption Unit for purposes of permanency planning. **Tribal / private agency social worker** uses this form for referral of children to DHFS for special needs determinations.

Instructions: County social worker fills out the form on WiSACWIS. The worker submits the additional referral materials listed on the Referral Information checklist to the State Permanency Consultant assigned to the county. **Tribal / private agency social worker** completes the form by using the template provided on DHFS Internet site. It should be submitted along with supporting materials to the Regional Supervisor at the regional office listed at the end of the form.

Date Referred for Special Needs Determination (mm/dd/yyyy)

CHILD INFORMATION

Name - (Last, First, MI)	Birthdate (mm/dd/yyyy)	WiSACWIS Case No.

Birth Place (City, State, Country)	Birth Status
	☐ Marital ☐ Nonmarital ☐ Unknown

Gender	Social Security Number	Primary Race	Hispanic / Latino
☐ Male ☐ Female		☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American ☐ Native Hawaiian / Pacific Islander ☐ White	☐ Yes ☐ No

Child Covered Under Indian Child Welfare Act	Name of Tribe
☐ Yes ☐ No	

Reason Child Entered Care

☐ Physical abuse ☐ Sexual abuse ☐ Neglect ☐ Other

Reason for special needs status request as defined in HFS 50.03 - (Check all that apply)

☐ Ten to eighteen years of age;
☐ Exhibiting moderate or severe emotional, behavioral or physical / personal care characteristics according to the Foster Care Rate Setting form;
☐ Member of a sibling group of three or more **who must be placed together**;
☐ Member of a minority race **who cannot be readily placed** due to a lack of appropriate placement resources; or
☐ At risk of developing special care needs as defined in HFS 50.01(4)(j).

Brief explanation of special needs characteristics of child. (If additional space is needed, attach a separate sheet.)

Siblings and Other Relatives (If additional space is needed, attach a separate sheet.)

1) Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	Relationship to Child
2) Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	Relationship to Child
3) Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	Relationship to Child
4) Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	Relationship to Child

Foster Care Monthly Rate						
$	Basic:	$				
	Emotional:	☐ N/A	☐ Minimal	☐ Moderate	☐ Intensive	$
	Behavioral:	☐ N/A	☐ Minimal	☐ Moderate	☐ Intensive	$
	Physical / Personal Care:	☐ N/A	☐ Minimal	☐ Moderate	☐ Intensive	$
	Exceptional:	$				

Eligibility Status (Check one below)

- ☐ Eligible and reimbursable
- ☐ Eligible, not reimbursable
- ☐ Ineligible
- ☐ Pending

☐ Yes ☐ No Child applied for or receiving SSI

COUNTY INFORMATION

Name - County	Name - County Social Worker	Telephone Number

Name - Judge	Telephone Number

Address - Judge (Street, City, State, Zip Code)

Name - Guardian ad litem	Telephone Number

Address - Guardian ad litem (Street, City, State, Zip Code)

Name - Corporation Counsel or District Attorney	Telephone Number

Address - Corporation Counsel or District Attorney (Street, City, State, Zip Code)

Type of Termination of Parental Rights

Mother: ☐ Voluntary ☐ Involuntary ☐ Unknown at this time
Father: ☐ Voluntary ☐ Involuntary ☐ Unknown at this time

Reason for Termination of Parental Rights

Status of Court Process

Date of last Permanency Plan review in court: _____
(mm/dd/yyyy)

BIRTH PARENT INFORMATION

Birth Mother	Birth Father
☐ Is deceased Age at Death:	☐ Is deceased Age at Death:
Cause of death, if known	Cause of death, if known
Name (Last, First, MI)	Name (Last, First, MI)
Address (Street, City, State, Zip Code)	Address (Street, City, State, Zip Code)
Social Security Number	Social Security Number
Birthdate (mm/dd/yyyy) / Birthplace (City, State)	Birthdate (mm/dd/yyyy) / Birthplace (City, State)
Religion	Religion ☐ Adjudicated ☐ Alleged ☐ Presumptive ☐ Unknown
Primary Race ☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American ☐ Native Hawaiian / Pacific Islander ☐ White Hispanic / Latino ☐ Yes ☐ No	Primary Race ☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American ☐ Native Hawaiian / Pacific Islander ☐ White Hispanic / Latino ☐ Yes ☐ No
Marital Status ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐ Married Name of Spouse:	Marital Status ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐ Married Name of Spouse:
Occupation / Highest Education Level Completed:	Occupation / Highest Education Level Completed:

CURRENT PLACEMENT INFORMATION

Child is currently living with:

☐ Relative
- ☐ Kinship payment
- ☐ Foster care licensed

☐ Foster family
- ☐ Foster care
- ☐ Treatment foster care

☐ Guardian

☐ Other - Specify:

☐ Yes ☐ No Have all identified relatives been considered for this placement?

Parent 1	Parent 2
Name	Name
Social Security Number	Social Security Number
Birthdate (mm/dd/yyyy) / Telephone Number - Home	Birthdate (mm/dd/yyyy) / Telephone Number - Home
Telephone Number - Cellular / Telephone Number - Work	Telephone Number - Cellular / Telephone Number - Work
Primary Race ☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American ☐ Native Hawaiian / Pacific Islander ☐ White Hispanic / Latino ☐ Yes ☐ No	Primary Race ☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American ☐ Native Hawaiian / Pacific Islander ☐ White Hispanic / Latino ☐ Yes ☐ No
Marital Status ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐ Married Name of Spouse:	Marital Status ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐ Married Name of Spouse:

Address - Parent(s) (Street, City, State, Zip Code)

☐ Yes ☐ No Foster parent(s) / relative(s) interested in adopting the child?
☐ Yes ☐ No Foster parent(s) / relative(s) committed to adopting the child?
☐ Yes ☐ No Other adoptive resources? If "Yes" explain below.

Name - Licensing Agency	WiSACWIS Provider Number

Date - Foster Home License Expires (mm/dd/yyyy)

Date - Initial Out-of-Home Placement	Date - Current Home Placement	Placement Meets Licensing Requirements ☐ Yes ☐ No ☐ Unknown

Placement issues, if any: (Indicate issues regarding any CPS allegations, health issues, family composition, employment, family challenges, housing, etc.)

Previous Placements

1) Placement Type	Name - Caretaker	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Address (Street, City, State, Zip Code)		Dates - Placement From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
2) Placement Type	Name - Caretaker	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Address (Street, City, State, Zip Code)		Dates - Placement From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
3) Placement Type	Name - Caretaker	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Address (Street, City, State, Zip Code)		Dates - Placement From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
4) Placement Type	Name - Caretaker	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Address (Street, City, State, Zip Code)		Dates - Placement From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
5) Placement Type	Name - Caretaker	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Address (Street, City, State, Zip Code)		Dates - Placement From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Form Completed By: _____ Date: _____ (mm/dd/yyyy)

Telephone Number: ( ) _____

Tribal / private agency social workers should return completed form to the appropriate regional office listed below.

☐ Eastern Regional Office
200 North Jefferson, Suite 411
Green Bay, WI 54301
Telephone Number: (920) 448-5348
FAX: (920) 448-5306

☐ Western Regional Office
610 Gibson Street, Suite 2
Eau Claire, WI 54701-3687
Telephone Number: (715) 836-3399
FAX: (715) 836-2516

☐ Southern Regional Office
2917 International Lane, Suite 110
Madison, WI 53704
Telephone Number: (608) 243-2400
FAX: (608) 243-2426